

Application No.: 09/912,670  
 Filed: July 23, 2001  
 TC Art Unit: 1644  
 Confirmation No.: 6394

Rev 12/04

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Date: May 11, 2005

Via Facsimile

COMMISSIONER FOR PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Attorney

Docket No.: ERIZY-114AX

Sir:

In re application of: Andrew W. Taylor et al

Entitled: ACTIVATION OF REGULATORY T CELLS BY ALPHA-MELANOCYTE STIMULATION HORMONE

Transmitted herewith is a Preliminary Amendment in the above-identified application. The following checked items are applicable:

- ☒ This is a Request for Continued Examination under §1.114; authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$395.00) per §1.17(e).  
☐ Enter the unentered amendment previously filed on \_\_\_\_\_ per §1.116.
- ☐ A Petition for Extension of Time for \_\_\_\_\_ month is hereby made under §1.136(a); authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of same (\$ \_\_\_\_\_) per §1.17.
- ☒ In the event a Petition for Extension of Time is required by this paper and not otherwise provided, such Petition is hereby made and authorization is provided herewith to charge Deposit Account No. 23-0804 for the cost of such extension.
- ☐ Other:

| CLAIMS AFTER AMENDMENT:   | MINUS PRIOR PAID CLAIMS: | EQUALS PRESENT EXTRA CLAIMS: | RATE:        | ADDITIONAL FEE: |
|---|--------------------------|------------------------------|--------------|-----------------|
| Independent   | 1 - 14                   | = -0-                        | x \$200.00 = | -0-             |
| Total   | 3 - 63                   | = -0-                        | x \$ 50.00 = | -0-             |
| [ ] Multiple Dependent Claims (1st presentation)                        |                          |                              | + \$360.00 = | -0-             |
| Small Entity filing, divide by 2. Small Entity status must be asserted. |                          |                              |              | -0-             |
| Total Additional Fee:   |                          |                              |              | -0-             |

- ☒ No additional fee. ☐ The fee has been calculated above; authorization is provided herewith to charge Deposit Account No. 23-0804 (\$ \_\_\_\_\_) for the cost of same.

- ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees under §1.16 associated with this communication or credit any overpayment to Deposit Account No. 23-0804.

I hereby certify that this correspondence is being sent via facsimile to Examiner Gerald R. Ewoldt, TC Art Unit 1644, Fax No. (703) 872 9306, on May 11, 2005.

Holliday C. Heise  
 Attorney of Record: Holliday C. Heise, Ph.D.  
 Registration No.: 34,346

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07/26/2005 00:00:09 2309 09912670

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**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective October 1, 2000

Application or Docket Number

09/912670

**CLAIMS AS FILED - PART I**

|                                  | (Column 1)    | (Column 2)                          |
|----------------------------------|---------------|-------------------------------------|
| TOTAL CLAIMS                     |               |                                     |
| FOR                              | NUMBER FILED  | NUMBER EXTRA                        |
| TOTAL CHARGEABLE CLAIMS          | 59 minus 20 = | 39                                  |
| INDEPENDENT CLAIMS               | 10 minus 3 =  | 7                                   |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input checked="" type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

|  | (Column 1)                       | (Column 2)                         | (Column 3)               |
|--|----------------------------------|------------------------------------|--------------------------|
| AMENDMENT A                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
| Total  | 63                               | 59                                 | = 4                      |
| Independent                                    | 14                               | 10                                 | = 4                      |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                    | <input type="checkbox"/> |

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

| RATE      | FEE    |    | RATE      | FEE    |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9=    | 351    | OR | X\$18=    |        |
| X40=      | 280    | OR | X80=      |        |
| +135=     | 135    | OR | +270=     |        |
| TOTAL     | 1121   | OR | TOTAL     |        |

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           | 30             | OR | X\$18=           |                |
| X40=             | 160            | OR | X80=             |                |
| +135=            |                | OR | +270=            |                |
| TOTAL ADDIT. FEE | 190            | OR | TOTAL ADDIT. FEE |                |

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|  | (Column 1)                       | (Column 2)                         | (Column 3)               |
|--|----------------------------------|------------------------------------|--------------------------|
| AMENDMENT B                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
| Total  | 3                                | 63                                 | =                        |
| Independent                                    | 1                                | 14                                 | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                    | <input type="checkbox"/> |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X40=             |                | OR | X80=             |                |
| +135=            |                | OR | +270=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

|  | (Column 1)                       | (Column 2)                         | (Column 3)               |
|--|----------------------------------|------------------------------------|--------------------------|
| AMENDMENT C                                    | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA            |
| Total  |                                  |                                    | =                        |
| Independent                                    |                                  |                                    | =                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |                                  |                                    | <input type="checkbox"/> |

| RATE             | ADDITIONAL FEE |    | RATE             | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9=           |                | OR | X\$18=           |                |
| X40=             |                | OR | X80=             |                |
| +135=            |                | OR | +270=            |                |
| TOTAL ADDIT. FEE |                | OR | TOTAL ADDIT. FEE |                |

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  
 \*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  
 \*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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